ARIZONA STATE BOARD OF HEALTH 1. PLACE OF BUREAU OF VITAL STATISTICS Registered No. 207 STANDARD CERTIFICATE OF BIRTH County pital or institution, give child is not yet named, mal plemental report, as direct If plural 4. Twin, triplet, or other... 6. Number, in order of birth ... dent, give place and 13. Birthplage, (State or country) (State or country 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc..... 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 15. Industry or business in which work was done, as slik mill, sawmill, bank, etc...... 24. Industry or business in work was done, as own home, lawyer's office, sll mil, etc 25. Date (month #1 16. Date (month and year Total time (years)
spent in this work (years) last engaged in, engaged in this wo spent in this work Before labor ... 28. If stillborn. 29. Cause of stillbirth ... period of gestation...... smonths During labor ... or weeks WRITE CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was When there was no attending physician or midwife, then the father, householder, etc., should make this return. Midwife Given name added from a supplemental report...(Date of) Registrar. Citize I